

COMPULSORY CONCILIATION CONFERENCE APPLICATION FORM

Name of School:
Principal name and contact details:
Student name and DOB:
Parent(s) name and contact details - please include address (and email if available):
Social Worker or other relevant person/s name and contact details:
Any person/s or organisation which the school believes the Registrar should consider inviting to the conference:
Does the student have a diagnosed health issue? If so please indicate.
Has the student attended or been referred to any alternative education programs?
Learning Services; Please detail any interventions or alternative education programs issued or trialled.

Before sending this form, ensure you have included the following:

- Summary
- Chronological history of interventions
- Other information as outlined in the 'Guidelines for Schools – Referral for a Compulsory Conciliation Conference.'

Signature of Principal:

Signature of Secretary's Delegate

PLEASE ENSURE THAT THE SECRETARY'S DELEGATE HAS SIGNED BEFORE SENDING TO
THE OFFICE OF THE EDUCATION REGISTRAR - email: conciliations@oer.tas.gov.au